

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/OCCUR				
	11-JUL-2014	23:37:00	1533 S CHRISTIANA AVE CHICAGO, IL 60623	304	1021				
SUBJECT INFORMATION	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.
	9161	KAHN	BRETT K	17785	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI	702	193	
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?			
	01-AUG-2012		010 1065C	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. O.O.B.	26. HT.	27. WT.	
	SIMMONS	OCTAVIUS		<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	31-JAN-1991	600	180	
	28. ADDRESS 1800 OAK PARK AVE BERWYN, IL	29. TELEPHONE NO.	30. WAS SUBJECT ARMED?	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?				
			<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. CHARGES PLACED	37. CB NO.	38. IR NO.	39. DNA		
			<input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Hospitalized	720 ILCS 5.0/31-1-A	18932823				
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		ASSAULT/ASSAULT		ASSAULT/BATTERY		ASSAULT/DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	IMMINENT THREAT OF BATTERY	<input type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	
	STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER	ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	
	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	OTHER	<input type="checkbox"/>	OTHER	
	MEMBER'S RESPONSE	MEMBER PRESENCE	OPEN HAND STRIKE	ELBOW STRIKE	KNEE STRIKE		FIREARM		
		VERBAL COMMANDS	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		ESCORT HOLDS	OC CHEMICAL WEAPON	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	OTHER		
		WRISTLOCK	CANINE	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)			
		ARMBAR	TASER (Probe Discharge)	<input type="checkbox"/>	<input type="checkbox"/>	OTHER			
		PRESSURE SENSITIVE AREAS	TASER (Contact Skin)	<input type="checkbox"/>	<input type="checkbox"/>				
	CONTROL INSTRUMENT	TASER (Laser Targeted)	<input type="checkbox"/>	<input type="checkbox"/>					
	OC/CHMICAL WEAPON	TASER (Spark Displayed)	<input type="checkbox"/>	<input type="checkbox"/>					
	WIAUTHORIZATION	OTHER	<input type="checkbox"/>	<input type="checkbox"/>					
38. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)	40. ADDITIONAL INFORMATION								
POSITION	STAR NO.	UNIT							
41. WEAPON TYPE	04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS				
			<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 06 Good Artificial	CLEAR			
45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE						
49. TASER, DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.					
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED					
59. WHO FIRED FIRST SHOT	03 OTHER (Specify)	60. WAS FIREARM RELOADED DURING INCIDENT	01 YES <input type="checkbox"/> 02 NO	61. NO. OF CATDR/OGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN	03 OTHER (Specify)	63. DID MEMBER USE SIGHTS		
<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			<input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
63. HOW WAS MEMBER'S HANDGUN DRAWN	03 OTHER (Specify)	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD							
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW									
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED								
	<input type="checkbox"/> 010 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON	69. POSITION OF MEMBER DISCHARGING WEAPON	01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/>							
<input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)								
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C.DIST. OF OCCUR.								
	NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C.DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DM.								
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
SIGNATURES	73. REPORTING MEMBER (Print Name)	STAR/EMPLOYEE NO.	SIGNATURE						
	KAHN, BRETT K	17785							
	17-JUL-2014 19:23:01								
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								
	74. REVIEWING SUPERVISOR (Print Name)	STAR NO.	SIGNATURE	DATE REVIEWED	TIME				
	LARA, ILDEFONSO J	1607		17-JUL-2014	19:25:20				

1419219612

HX341575

Log# 1071320
ATT# 27

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN FOR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Simmons, after hearing his Constitutional Rights from R/LI at 0050 Hrs., in a 10th District processing room holding cell, stated that he wanted to go home.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Upon reviewing the officer's sworn report and interviewing subject Simmons, Lisa (CB #18932820), the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./QRN# _____ OBTAINED _____

78. WATCH COMMANDER/OCIC (Print Name)

GILTMIER, BETH A

SIGNATURE

DATE COMPLETED

TINF

19-JUL-2014 02:53:21

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENT'S WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOGRAPHS OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRR'S THIS EVENT NO.
CASE REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT	
ARREST REPORT	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		4